

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

<b>NAME OF FILER</b> Health Care Workers Union, SEIU Local 250 Political Issues Committee			<b>Date of This Filing</b> 09/19/2003  <b>Report No.</b> LIE-428  <input checked="" type="checkbox"/> <b>Amendment to Report No.</b> 001 (explain below)  <b>No. of Pages</b> 13	Date Stamp   Page 1 of 13	<b>CALIFORNIA FORM 496</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b>		<b>I.D. NUMBER (if applicable)</b> 991800			
<b>STREET ADDRESS</b>					
<b>CITY</b> Oakland	<b>STATE</b> CA	<b>ZIP CODE</b> 94612			

## 1. List Only One Candidate or Ballot Measure

<b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b>			<b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b> Classification by Race, Ethnicity, Color or National Origin			
<b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>	<b>SUPPORT</b>	<b>OPPOSE</b>	<b>BALLOT NO./LETTER</b> 54	<b>JURISDICTION</b> Statewide	<b>SUPPORT</b>	<b>OPPOSE</b> X

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
09/18/2003	Voter Contact Memo Reference: 2003-1231	\$25,000.00

Reason for Amendment:  
#2003-1231.Add Contributor Information

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**CALIFORNIA**  
**FORM 496**

NAME OF FILER  
Health Care Workers Union, SEIU Local 250 Political Issues Committee

I.D. NUMBER (If applicable)  
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## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
8/22/2003	Victoraida O.L. Alfonso Vallejo, CA 94591	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Laguna Honda	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Serena M. Amos San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinical Assistant Good Samaritan Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Serena M. Amos San Jose, CA 95120	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Clinical Assistant Good Samaritan Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Abigail Barajas Santa Rosa, CA 95403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Southwest Community Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Xavier E. Basquez Sacramento, CA 95828	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housekeeping Kaiser Permanente	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Janet R.G. Blades Berkeley, CA 94703	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radiology Tech Alameda County Medical Center	\$100.00	If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
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8/22/2003	Rene D. Boulware Oakland, CA 94608	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Cook Oakridge Care Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Carolyn J. Brading Hayward, CA 94544-4640	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unit Assistant Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Deanna Davenport Menlo Park, CA 94025	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Phsyical Therapist Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Delores B. De Guia Vallejo, CA 94589	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Care Associate Alta Bates	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Robert A. Downing Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative/Organizer Health Care Workers, SEIU Local 250	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Robert A. Downing Santa Cruz, CA 95060	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative/Organizer Health Care Workers, SEIU Local 250	\$50.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Erma L. Dukes-Ellis Alameda, CA 94501-2370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ward Clerk St. Luke Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Erma L. Dukes-Ellis Alameda, CA 94501-2370	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Ward Clerk St. Luke Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Gloria D. Furtado Manteca, CA 95336	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EKG Technician Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Irene Gourdine Sacramento, CA 95823	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Service Assistant Mercy San Juan	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Glenda Hines Oakland, CA 94605	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Excel Care Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Oletha M. Hunt South San Francisco, CA 94080-4024	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Judith A. Jensen Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Worker Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Judith A. Jensen Oakland, CA 94610	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Health Care Worker Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Paul Johnson Elk Grove, CA 95758-7926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EKG Technician Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Paul Johnson Elk Grove, CA 95758-7926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EKG Technician Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Paul Johnson Elk Grove, CA 95758-7926	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	EKG Technician Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Frauline Jones Richmond, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Contra Costa Homecare	\$100.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Frauline Jones Richmond, CA 94806	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Contra Costa Homecare	\$69.00	If loan, enter interest rate, if any _____ %
8/22/2003	Josephine Kirkpatrick Oakland, CA 94602-1211	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Food Service Alameda County Medical Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Rolando Madamba San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Rolando Madamba San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nurse Assistant City & County of San Francisco	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Pamela Martinez West Sacramento, CA 95691	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Administrative Vice President Health Care Workers, SEIU Local 250	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Erin E. McLaughlin Watsonville, CA 95076	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Paramedic AMR	\$100.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Angelita N. Moyano Daly City, CA 94014-2248	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Arnold F. Nicer Daly City, CA 94014-2615	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Darlene Nova Petaluma, CA 94954	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Kaytrena Patrick Fairfield, CA 94533	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unit Assistant Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Barbara Perales-Solomon Cottonwood, CA 96022	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Pre-Op Assistant Mercy Medical Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Richard A. Ramirez Frsno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative/Organizer Health Care Workers, SEIU Local 250	\$50.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Richard A. Ramirez Frsno, CA 93722	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative/Organizer Health Care Workers, SEIU Local 250	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Elena C. Ravago Vallejo, CA 94589-3301	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Susan D. Reddell Morgan Hill, CA 95037	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Respiratory Therapist St. Louise Hospital	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Maria Sanchez Stockton, CA 95204	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Housekeeping St. Joseph's Medical Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Matthew J. Schwartz San Francisco, CA 94121	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Food Service City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Laurel L. Scott Martinez, CA 94553	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Respiratory Therapist Mt. Diablo Medical Center	\$150.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Bonnie J. Shockley San Jose, CA 95133-1225	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radiology Technician Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Pravindra Singh West Sacramento, CA 95691-5112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Storekeeper Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Pravindra Singh West Sacramento, CA 95691-5112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Storekeeper Kaiser	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Linda Sue Skillman San Jose, CA 95131	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Unit Assistant Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Rocio Jazmin Solorio Salinas, CA 93906-3617	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant The Ridge Rehab	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Judy Steinkraus San Mateo, CA 94403	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Seton Medical Center	\$100.00	If loan, enter interest rate, if any _____ %

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8/22/2003	Shirley Tillman-Walker Richmond, CA 94803	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Radiology Technician Doctor's Medical Center	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Bryan Uyeno San Francisco, CA 94112	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Laundry Worker City & County of San Francisco	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Martha V. Vasquez Stockton, CA 95206	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Medical Assistant Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Anna Marie Walker Hayward, CA 94544-5860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LVN Washington Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Anna Marie Walker Hayward, CA 94544-5860	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	LVN Washington Hospital	\$50.00	If loan, enter interest rate, if any _____ %
8/22/2003	Deloris Willis Bay Point, CA 94565-3154	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Nursing Assistant Willow Pass Nursing/Rehab	\$100.00	If loan, enter interest rate, if any _____ %

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC  
866/275-3772

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER  
Health Care Workers Union, SEIU Local 250 Political Issues Committee

I.D. NUMBER (If applicable)  
991800

## 3. Contributions of \$100 or More Received\*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
8/22/2003	Charles W. Wilson Ceres, CA 95307	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Field Representative/Organizer Health Care Workers, SEIU Local 250	\$100.00	If loan, enter interest rate, if any _____ %
8/22/2003	Claudia Yebra Santa Rosa, CA 95401	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Healthcare Worker Kaiser	\$100.00	If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

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Memo Reference: 2003-1231  
Estimated Costs